

Consumer Handbook

For Residents and Family of Long-Term Care Facilities

Dear Resident,

This handbook has been designed for use by you, the nursing home resident. We want to provide you with information and ideas to help make your stay in the nursing home better. Please feel free to call us if you have any questions or concerns regarding this information.

Sincerely,

The Missouri Long-Term Care Ombudsman Program

1-800-309-3282

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Ombudsman



Aging

What is the Long Term Care Ombudsman Program?

Missouri's most comprehensive resource serving residents of nursing homes and their families. Established as an independent, non-profit, public service agency to support and inform the **one out of every two of us who will spend some time in a nursing home.**

What Information Can I Get From LTCOP?

Professional staff at LTCOP inform and assist the families of residents; clarifying nursing home regulations and resources; **providing technical assistance** for professionals who work with families; and **educating** the community to the services of LTCOP and to the rights of aging Americans.

What Services Are Provided?

The program Staff and Ombudsman Volunteers are advocates on behalf of residents in nursing homes... **listening** to residents' concerns and grievances; **resolving** grievances by working with residents and nursing home staff; **explaining** the rights of nursing home residents; **promoting** meaningful conversation and rapport between residents and staff; **monitoring** the development of federal, state, and local laws on long-term care and the issues of aging.

Who Delivers These Services?

Professional Staff at LTCOP who are experienced in working with state government and in negotiating with families and Ombudsman Volunteers, the foundation of the program, who receive extensive training before serving the nursing home residents. **Note:** LTCOP is independent and impartial; Ombudsmen are not State inspectors and are not employees of nursing homes.

Who Funds the Long-Term Care Ombudsman Program?

LTCOP relies on the community for much of it's funding... individual gifts, foundation grants, corporate and private citizen contributions. State and Federal funds are also provided under Title III and Title VII of the Older Americans Act.

Services of the Long Term Care Ombudsman Program

- Provides a grievance mechanism accessible to residents of long-term care facilities and their families.
- Recruit, train, place and supervise Ombudsman Volunteers assigned to a specific long-term care facility to respond to resident complaints and concerns and work with the permission of the resident.
- Respond to complaints received in the Ombudsman office by advising the complainant of the resources available including Ombudsman Staff personally investigating the complaint.
- Educate residents and staff of long-term care facilities, families and the general community about rights of nursing home residents as established by state and federal law.
- Distribute resident rights literature to residents.
- Supply large print posters depicting the rights of nursing home residents for display in a facility.
- Conduct resident rights in-service training to staff of long-term care facilities.
- Provide staff to discuss information and referral to families seeking long-term care services for an elderly relative.
- Provide general information to the community with regards to resources for long term care, residents rights, choosing a long-term care facility, Medicaid, Medicare, and the Ombudsman Program.

ADMISSION AGREEMENT

Your Admission Agreement is an important document because it should spell out information about your stay at the nursing home including daily rates, covered services, refunds, etc. These must be given to you in a form you understand. The admission agreement is part of your admission package.

YES NO
I have a copy of my admission agreement.

If no, talk with the admissions person and obtain your copy. The nursing home must inform you of their policies and before any changes are made in these policies.

COVERED SERVICES

In the admission agreement there should be a list explaining what services are covered under your daily rate and what extra charges may be billed to you such as feeding and therapy.

YES NO
I have a list explaining services and charges.

If no, request a copy of this list talk to the admissions person if you have any questions.

If you are a Medicaid recipient, see a [list of all services and supplies](#) which are to be provided by the nursing home at no cost to you.

BEDHOLD

The bedhold policy explains the terms for holding your bed when you are in the hospital.

YES NO
I have a copy of the bed hold policy which tells me how I can save my bed while I am in the hospital. The bedhold notice should include the daily rate to save your bed and return to the facility and Medicaid coverage, if applicable.

If no, request a copy from the social worker.

If you decide not to pay to save your bed, the facility must provide the first available Medicaid bed to you when you get out of the hospital.

ADVANCE DIRECTIVES

Advance Directives are documents stating whether or not you wish medical treatment and who can make health care decisions for you. Living Wills and Durable Powers of Attorneys for Health Care are forms of advance directives.

YES NO
I have the nursing home's written policy on whether or not they will honor my advance directives.

If no, or you do not understand the nursing homes policy or have questions about advance directives, contact your social worker.

YES NO
I have an advance directive.

If yes, make sure to give the nursing home and your doctor a copy of your advance directive.

The nursing home or hospital can not force you to make an advance directive. Talk to your social worker and if you feel more information is needed contact your attorney or your local Legal Service Office.

RESPONSIBLE PARTY

A Responsible Party is a person who the nursing home can call about your care and/or finances.

YES NO
A family member or friend has signed as my responsible party.

If yes, often the family member or friend could be held financially responsible. If you are a Medicaid recipient, then you do not have to have another person sign as financially responsible.

RESTRAINT POLICY

Federal law limits the use of physical and chemical restraints. Many nursing homes are asking residents to sign a [Restraint Policy](#) which states when and how restraints are used in the nursing home.

YES NO
I have a copy of the nursing home restraint policy and understand it.

If no, talk to your nurse about restraints and how they are used in your facility. Ask for a copy of the policy if the home has one.

MEDICARE

Medicare nursing home coverage is very limited and seldom covers your full stay in a nursing home.

YES NO
Medicare covers my stay at the nursing home.

If yes, make sure you know the number of days you are allowed, otherwise you may have to pay extra for being in a Medicare bed. See additional [information on Medicare](#).

MEDICAID

Medicaid is a program that pays for your care in a nursing home if you can not pay the full price by yourself.

YES NO
I may soon need Medicaid.

If yes, you need to talk with your social worker about qualifying for Medicaid and the availability of Medicaid beds in your nursing home. See additional [information about Medicaid](#).

MAKING DECISIONS

No one can make personal or financial decisions for you unless you agree or the person is your court appointed guardian. You do not have to have a guardian, responsible party or give someone power of attorney to be in a nursing home.

YES NO
I make my own decisions regarding my health care.

If no, the only other people who can make health care decisions for you are those you have appointed through a [Durable Power of Attorney](#) for Health Care or someone who is a court appointed [Guardian](#).

YES NO
I handle my own finances.

If no, unless you have given someone else the power to manage your finances through a [Durable Power of Attorney](#), [Power of Attorney](#) or the court has appointed someone to be your [Guardian](#) or [Conservator](#), you can manage your own finances.

YES NO
Someone else receives my social security check.

If yes, often nursing home residents assign someone to be their Representative Payee. This can be a family member, friend or even the nursing home. The [Representative Payee](#) has your social security check mailed to them. This does not give them any additional right to make decisions for you regarding health care or finances.

[See more concise definitions](#) of Guardianship, Power of Attorney, Responsible Party and Representative Payee.

RIGHTS

You have the right to a dignified existence and self-determination and the facility must promote and protect your rights. A written copy of your rights should have been given to you at the time of your admission.

YES NO
I have a copy of my rights.

If no, contact your social worker or your [local Long-Term Care Ombudsman Program](#) for more information on your rights.

ASSESSMENT

If you are in a Medicaid bed, the facility must do a complete assessment of your needs at the time of your admission, following a change of condition and periodically throughout the year.

YES NO
I took part in my assessment when I entered a Medicaid bed.

If no, or you are not sure, ask to have this reviewed with you. Within 14 days of the time you entered the nursing home there should have been a form filled out called an MDS (minimum data standard). The MDS helps the home to look at all of your needs, not only medically, but also emotionally and socially.

YES NO
When my condition changed, I had a new assessment done.

If you are not aware of an assessment being done, ask your social worker or director of nursing about it. This information, as all other information concerning your condition, is available to you on request. Assessments must be redone when your physical or emotional condition changes, i.e. following a hospital stay.

CARE PLANS

A care plan must be done within 7 days of your assessment. The care plan is to set out goals that help meet your medical and emotional needs. (Remember, care plans apply to residents in a Medicaid bed.)

Care plan meetings are held to discuss your care plan and include you, any family members you wish and the nursing home staff. These are held on a quarterly basis or after a change in your condition.

YES NO
I actively participate in my care plan meeting.

If no, remember, this meeting is held specifically so that you may participate in your care. Use this time to voice any concerns you may have about your care. Ask when your next care plan meeting is and plan on attending.

RESIDENT RIGHTS

When you entered the nursing home you were given a list of your rights as a resident in the nursing home. These rights are there to make sure that you are treated with dignity and respect and to protect you from abuse.

POSSESSIONS

YES NO
I have pictures on my walls and personal possessions in my room.

If no and you want your personal belongings with you, talk to the social worker. The nursing home is to provide you with enough space to keep a reasonable amount of your personal possessions.

YES NO
The nursing home has a list of all my personal belongings.

If no, ask that one be made. Nursing homes are required to keep an inventory list of your personal possessions. This should be updated on a regular basis including every time a new item is brought to you or something is sent home.

RESIDENT FUNDS

YES NO
The nursing home has my permission to handle my personal funds.

If yes, you had to give written permission for this to be done. If you are in a Medicare or Medicaid bed, you can request the facility hold money for you. They must put any amount over \$50 into an interest bearing account.

YES NO
I receive a written financial statement from the nursing home each quarter.

If no, request one immediately. You may also request copies of prior statements. This helps you to understand your finances.

The nursing home must provide information anytime you request it during regular business hours Monday through Friday. They must also respond to your request to withdraw any amount of money from your account regardless of how you plan to spend it.

YES NO
My family takes money out of my facility account.

If yes, you had to give permission first. No one can use your money unless you gave the nursing home written permission to give the money to your family.

RESTRAINTS

YES NO
I get a medication that tires me.

If yes, and you are concerned about this talk to your doctor and the Director of Nursing. Certain medications may be a chemical restraint. Chemical restraints are drugs that cause you to be tired and inactive. If you are not happy with the response from your doctor or facility call the Division of Aging Hot Line at **1-800-392-0210**.

YES NO
I am often left tied in my chair or bed.

Anytime you are limited in activities, such as being tied in a wheelchair or bed you are being physically restrained. Unless your doctor ordered this and you have agreed to it, it is against the law. If you feel you are being restrained unnecessarily talk with your doctor and the Director of Nursing. Call the Division of Aging Hotline at **1-800-392-0210** if you feel the doctor I want to use my own doctor and or facility is not responding to you.

ROOM CHANGES

YES NO
I am being forced to change my room because of my Medicaid or Medicare bed.

You can not be made to move into a Medicare bed even if you are eligible for Medicare benefits. However, you can not get Medicare benefits if you are not in a Medicare bed.

On the other hand, if the bed is only a Medicare bed and you are a Medicaid recipient, you would have to move from the Medicare bed back to a Medicaid bed.

If your bed is both a Medicare and Medicaid bed, you can not be forced to move just because your Medicare benefits are up.

YES NO
I have had my room changed often.

If yes, remember, you must be consulted before any room transfer and the reason must be valid. If this is a regular problem, talk to your social worker, the Division of Aging or your **Ombudsman**.

SERVICES

YES NO
If yes, make sure your doctor will visit the nursing home, not all doctors do. Often it is difficult to find a doctor who will come to the facility especially if you are on Medicaid.

You can use any pharmacy you wish. There may be some special needs regarding the packaging of prescriptions which you must follow. All other supplies like incontinent pads you can buy from the supplier of your choice.

If you are on Medicaid refer to the **list of items covered** under the daily rate.

RECORDS

YES NO
I want to see my medical records.

If yes, the facility must make these available to you upon your verbal or written request. If you want copies, the facility must provide them within 2 working days at minimal cost. This cost can include staff time.

CHOICE

YES NO
I am forced to take part in activities.

If yes, discuss this with your activity director or social worker. Tell him or her what your interests are and which activities interest YOU. Also bring this up at your next care plan meeting.

YES NO
I want to get up in the morning at a different time.

If yes, let the staff know that you wish to wake up at a different time in the morning. The facility should be working with you to find a schedule that meets your needs and habits.

YES NO
I wish to take a bath/shower at a different time or on a different day.

If yes, this should be discussed with the nurse scheduling baths or showers so that the time can be changed to meet your request.

VISITORS

Often my family cannot visit me during posted visiting hours.

If yes, and you are in a Medicaid certified bed your family has the right to visit you whenever convenient. This means at anytime, even if it is different from posted visiting hours.

YES NO
My family will not allow one of my friends to visit me.

If yes, your family does not have the right to make that decision, only you can refuse to see a visitor.

YES NO
I wish to see an Ombudsman.

If yes, contact your local Ombudsman office if your facility does not have an Ombudsman Volunteer on site.

DIVISION OF AGING

YES NO
I want to see an inspector.

If yes, look for the posted sign on the front door that states that the Division of Aging is doing an inspection. They usually inspect twice a year. While they are there you can discuss any concerns you have with them. If you wish to talk with an inspector at another time contact the Division of Aging Hotline at **1-800-392-0210**.

YES NO
I read the facility inspection reports.

If no, the facility is responsible for posting the results of the inspection. You can request to see a copy.

ABUSE

YES NO
A staff member yelled at me.

If yes, this is considered verbal abuse. Anytime a staff person raises their voice to speak to a resident, this is verbal abuse. Report this and all other incidents of suspected abuse to the administrator and your family at once. You may also report this to the Ombudsman Program or the Division of Aging Hot Line at **1-800-392-0210**.

YES NO
I was slapped by a staff member.

If yes, this is ABUSE. There is no reason why someone should slap you. Immediately notify the administrator and your family. This must also be reported to the Division of Aging Hotline at **1-800-392-0210**. The Division of Aging will follow up on this incident. **FOR YOUR PROTECTION REPORT THIS IMMEDIATELY.**

YES NO
A staff member dropped me while helping me out of bed.

If yes, this may or may not be a form of abuse. If you think this was done on purpose report it to the administrator or your family and the Division of Aging Hotline. If you feel this was. an accident, make sure the nurse on duty is informed and your family so staff can be trained to handle you appropriately.

FAMILY RIGHTS

As a family member you do have certain rights and it is important that you understand and use these rights.

In the past the facility staff has depended upon the family to determine the resident's needs. Now, the facilities must turn to the residents to decide their own needs and how these needs are met.

Once in awhile you will feel the resident is making wrong decision, but you must respect the residents right to make that decision on his/her behalf. You can only choose for the resident if you are the resident's court appointed guardian.

Family members are:

ASSESSMENT

To be included in the resident assessment. The assessment gives the facility vital information about the resident. In order for this information to be complete family members should have some input.

CARE PLAN MEETINGS

To be included in the care plan meeting provided by the facility on behalf of the resident. The care plan meeting provides a review of the residents progress in the facility, outlines future treatment and deals with any special problems or concerns regarding the resident.

Talk to the social worker to determine when the care plan meetings are held. Care plan meetings are to be held quarterly or when there is a change in the resident's condition. Also your presence should be only with the permission of the resident.

NOTIFICATION

To be notified within 24 hours of any accident involving the resident; any significant change in the physical or mental needs of the resident; of the need to change treatment of the resident; if there is a decision to transfer or discharge the resident and the reason for this action; of a change in room or roommate; and/or of any change in resident rights.

FAMILY MEETINGS

Allowed to meet with other family members in an area provided for by the facility. Staff does not have to be present, but the facility must designate a staff person who is responsible for acting upon grievances and/or recommendations of the family council.

INVENTORY LIST

Allowed access to the resident's personal property inventory list, so that you may add or delete property brought into or removed from the facility.

VISITING

To be provided with immediate and unlimited access to the resident in a Medicaid bed, no matter what time of day or whether or not during posted visiting hours, as long as the resident agrees to see you.

BEDHOLD

To receive the facility's bedhold policy after a resident has entered the facility. [A written copy of this policy must also be provided within 24 hours of the resident being transferred to the hospital from the facility. This only applies to those residents in a Medicaid bed.]

RESIDENT FUNDS

Not allowed access to resident's funds without the resident's written permission. If you wish to make purchases for the resident, you may have to provide receipts to the facility before being reimbursed.

Only the resident's legal representative is entitled to an accounting of the resident's funds held by the facility. This should be provided to you automatically on a quarterly basis.

RESPONSIBLE PARTY

If you signed admission papers agreeing to be a responsible party for the resident, be aware as to whether or not these responsibilities include financial.

If your relative is in a Medicaid bed, he/she does not need a financially responsible party.

TRANSFER AND DISCHARGE

Transferring from a nursing home usually means going to the hospital with the idea of returning to the facility.

Discharge takes place when the facility and/or resident decides that the resident can no longer remain in the facility.

REASON FOR TRANSFER/DISCHARGE

You cannot be transferred or discharged unless:

- It is necessary for your welfare and the facility cannot meet your specific needs.
- Your health has improved and you are able to leave the facility immediately.
- Others health or safety is endangered by you remaining in the facility.
- Payment is not being made on your behalf to the facility, either by yourself or family, Medicare or Medicaid.
- The facility closes.

NOTICE

A facility must provide the following unless an emergency situation exists.

- 30 day prior written notice;
- Reason;
- Effective date;
- Where you are going to go after transfer or discharge;
- Information on your right to appeal this transfer or discharge with the name and address where the appeal should be mailed.
- The name, address and telephone number of your Regional Ombudsman Program.

If the letter does not include all of the above, it is not valid and should be returned to the facility requesting the correct information with a new date.

If you wish to appeal the discharge, you will be able to stay in the nursing home until the appeal has been heard. Contact your regional Ombudsman Program for help with appeals.

If the transfer or discharge is due to : you do not understand the transfer your needs not being met, your health improving or the welfare of others, your doctor must document this in your records.

The facility must notify your family or legal representative that you are being transferred or discharged.

Preparation must also be made by the facility to ensure a safe move. This means discussing all aspects Of the move with you and your family and even assisting you in locating a new place of residence if needed.

EMERGENCY TRANSFER

Emergency transfers are permitted and 30 days written notice is not required when:

- Other individuals in the facility are at immediate risk.
- Your health has improved and you are able to leave the facility immediately.
- You require immediate medical attention.
- You have not resided in the facility for more than 30 days.

If you feel you are being transferred or discharged from the facility without a valid reason or you do not understand the transfer or discharge process, contact your [local Ombudsman Program Ombudsman](#) or call the Division of Aging Hot Line at **1-800-392-0210**.

COMPLAINTS

There are times when you may feel that you have a concern or complaint with the way you are being treated or cared for in the facility. These need to be brought to the attention of the staff and dealt with.

When addressing a problem or complaint with facility staff, try to make it factual and not emotional. This can be difficult, but the more factual information you can give the facility, the easier it will be for you.

DOCUMENT

- Put it in writing;
- What time of day did this problem occur;
- What are the names of the people involved;
- Does this happen on a regular basis;
- Who else saw or heard this happen;
- Any other details you feel would help.

IN HOUSE PROCESS

Each facility must have a staff person designated to listen to and respond to your concerns or complaints.

Once you give the complaint to this staff person, he/she has 3 days within which to respond to you in writing.

Check with your facility to see who is designated to handle the complaints.

Here are some common complaints and what you may do to handle them.

MISSING POSSESSIONS

Clothing items missing:

- Did it have your name on it?
- Was it on your inventory list?
- Have you checked the laundry lost and found?
- Has a staff member checked your roommate's closet and drawers?
- Are other residents or staff wearing the items?

If you have checked these possibilities and have not found the items go through the facility's in-house complaint reporting system.

Personal items, radio, TV's, jewelry, money missing:

- Record the date and time;
- File a police report,
- File through the in-house complaint process;
- Have a locked drawer in your room;
- Talk with resident council to see if this is occurring to other residents,
- Have a family member bring the problem up at a family council meeting;

FOOD

If your food is cold:

- If the food sits out too long before service, talk to dietary staff;
- If it takes too long to get assistance or assistive devices, talk to nurses;

If you are not receiving enough food:

- Talk to dietary about receiving larger portions or reevaluating your needs;
- Ask for a second helping;
- Ask for substitute food items;
- Consult your doctor about a change in diet;
- Ask for adaptive tools for eating;
- Ask for snacks every evening.

If you do not like the food:

- Talk to dietary about your likes and dislikes;
- Make sure dietary writes these down in your record;
- Ask for substitute food items.

Always mention dietary concerns at care plan meetings, especially when there is a weight loss involved. Also, look at any dental problems. This area may need to be addressed by your doctor or social worker.

Once again, if these suggestions do not work, take the problem to the designated grievance staff person.

ROOMMATES

If you have a problem with your roommate:

- Identify the exact nature of the problem;
- Speak with your social worker about the problem, whether it can be solved or if there is a need for a change;
- Identify another resident in the facility that you would like for a roommate.
- Ask for a private room, if available;
- Follow up on the availability of another room weekly;
- Address this problem during your care plan meeting.

Remember, even if you were the original occupant of the room, if you file the complaint and wish the change you may be the one who has to move.

Also, the facility must respond to your request, but they will have limits on how frequently they will be able to cooperate.

FINANCIAL

If you have a billing problem such as being billed for items or services you thought were included in your daily coverage or an unexplained item:

- Request an itemized statement;
- Look at your admission agreement, it must state the items or services not covered under your daily rate;
- Check the **items or services covered under Medicaid**.

If you question the amount of your personal funds held by the facility

- Request an itemized statement;
- Ask for copies of all receipts;
- Make sure you gave permission to use the money;
- Was something bought that is on the **Medicaid covered items list** ?
- Set up a conference with the bookkeeper.

If you have requested the facility hold your personal funds, they are responsible for making sure the money is spent on items authorized only by you. They are accountable to you for this money upon request and at least quarterly.

RESIDENT CARE

If your bedding is wet:

- Does the staff respond to your call light in a timely manner;
- Is your call light within reach?
- Do you know how to use it?
- Is there an incontinence problem?
- Do you need bowel and bladder training?

When the response time is lengthy, talk with the nurse and the staff person designated to handle complaints. However, if the problem is greater than call light response, your physician needs to be notified as well as the director of nursing. Make every effort to show the nursing staff the wet bedding and also try to time how long the bedding is left wet.

SKIN BREAKDOWN

One of the concerns about being left wet is the problem of skin breakdown. You can be developing bedsores in areas that are red and blistered. Common areas to look for skin breakdown are elbows, knees, hips and buttocks.

- Notify staff, as area may be a potential bed sore;
- Notify your family so that they may monitor the situation;
- Family members need to help monitor your skin care and look for any signs of red areas developing;
- Verify that your doctor has been notified for treatment,
- Is turning schedule being followed every 2 hours?

Should the area worsen have your doctor notified immediately. If there is no response from the staff or your doctor, have your facility contact the doctor themselves. If no response, then call the Hot Line at **1-800-392-0210**. This is a very serious problem which can lead to hospitalization and needs to be treated immediately and monitored on a regular basis.

If there has been a change in your medical condition or behavior:

- Have you made staff aware of the change?
- Verify that the doctor has been notified;
- Is a doctor visit required?
- Has there been a change in your medication?
- If behavioral, does an assessment need to be done?
- Has a care plan meeting been set up to address this change?

With any change in condition, the doctor and family must be notified. If there is no response from the doctor you may need to choose another doctor. Always insist that a care plan meeting take place to address this change.

Your medical and emotional health is a major concern.

Ask your family to help you monitor your care so when a problem occurs it does not develop into a life threatening situation.

If you feel it is life threatening and you are not receiving a response from the facility call the Hot Line immediately at **1-800-392-0210**.

ABUSE

If you feel you are being abused:

- Notify your family immediately;
- Notify the administrator immediately;
- Notify the Hot Line **1-800-392-0210** immediately;
- Request an incident report to be written and a copy be given to you and your family.

All suspected abuses must be reported to the Hot Line. Try to remember when and where it happened and who was involved so that you can provide this information to anyone investigating the abuse

As a family member if you suspect an abuse, look for bruises, skin tears and/or withdrawal symptoms. Always investigate and report any suspected abuse situation.

FOLLOW-UP

With all complaints get a commitment from the facility as to the time limit within which the complaint will be resolved. Follow up with the facility as to the progress of resolving the complaint.

Bring the complaint up during the care plan meeting, as this will ensure the complaint becoming part of your record and helps you to get a commitment from the facility.

If you feel you are not progressing with the nurse or staff complaint designee, speak with the administrator. Once again, provide as much information as possible, preferably in writing, keeping copies for yourself.

The other option that is available is to move to another nursing home. This may seem like a drastic move, however if there are negative feelings between you and the nursing home, moving may be a logical choice.

Should you feel that you need more help or are not receiving results, contact your local Ombudsman Program or the Division of Aging Hot Line at **1-800-392-0210**.

These items are covered under the Medicaid per diem rate:

Personal Care:	
Baby Powder	Hair Care, Basic Including Washing, Cuts, Sets, Brushes, Combs, Nonlegend Shampoo
Bedside Tissues	
Bib, All Types	
Deodorants	
Disposable Underpads Of All Types	
Gowns, Hospital	
	Lotion, Soap And Oil
	Oral Hygiene, Including Denture Care, Cups, Cleaner, Mouthwashes, Toothbrushes And Paste
	Shaves, Shaving Cream And Blades
	Nail Clipping And Cleaning Routine

Equipment:	
Arm Sling	Hypothermia Blankets
Basins	Mattresses, All Types
Bathing Equipment	Patient Lifts, All Types
Bed Frame Equipment, Including Trapeze And Bedrails	Respiratory Equipment: Compressors, Vaporizers, Humidifiers, IPPB Machines, Nebulizers, Suction Equipment And Related Supplies, Etc.
Bed Pans, All Types	Restraints
Beds, Manual, Electric	Sand Bags
Canes, All Types	Specimen Container, Cup Or Bottle
Crutches, All Types	Urinals, Male And Female
Foot Cradles, All Types	Walkers, All Types
Glucometers	Water Pitchers
Heat Cradles	
Heating Pads	Wheelchairs, Standard, Geriatric And Rollabout
Hot Pack Machines	

Nursing Care/Patient Care Supplies:	
Catheter, Indwelling And Nonlegend Supplies	Medicine cups
Decubitus ulcer care: pads, dressings, air mattresses, aquarnatic K pads (water heated pads), alternating pressure pads' flotation pads and/or turning frames, heel protectors, donuts and sheepskins	Needles including, but not limited to, hypodermic, scalp vein
Diabetic Blood And Urine Testing Supplies	Nursing services: regardless of level, administration of oxygen, restorative nursing care, nursing supplies, assistance with eating and massages provided by facility personnel
Douche Bags	Nursing supplies: lubricating jelly, betadine, benzoin, peroxide, A & D Ointment, tapes, alcohol, alcohol sponges, applicators, dressings and bandages of all types, cottonballs, and Merthiolate aerosol, tongue depressors
Drainage Sets, Bags, Tubes, Etc.	Ostomy supplies: adhesive, appliance, belts, face plates, flanges gaskets, irrigation sets, night drains, protective dressings, skinbarriers, tail closures and bags
Dressing Trays And Dressings Of All Types	Suture care including trays and removal kits
Enema Supplies	Syringes, all sizes and types including ascepto
Gloves, Nonsterile And Sterile	Tape for laboratory tests
Ice Bags	Urinary drainage tube and bottle
Incontinence Care, Including Pads, Diapers And Pants	
Irrigation Trays And Nonlegend Supplies	
Medicine Droppers	

Therapeutic Agents and Supplies:	
Antacids, nonlegend	Oxygen (portable or stationary), oxygen delivery systems, concentrators and supplies
Drugs, stock (excluding insulin)	Special diets
Enteral feedings (including by tube) and all related supplies	Stool softeners, nonlegend
I.V, therapy supplies: arm boards, needles, tubing and other related supplies	Vitamins, nonlegend
Laxatives, nonlegend	

MEDICARE:

Under the Medicare program you may be entitled to limited nursing home coverage after a 3-day stay in the hospital, not counting the day of discharge. Coverage only takes place if you are in a Medicare bed and have been certified for Medicare.

Medicare coverage is for a maximum of 100 days. The first 20 days are totally covered and then there is a coinsurance per day up to the 100th day.

it is important to remember that Medicare coverage is limited to those residents requiring a high level of care such as IV therapy, ventilators and tube feedings. Rehabilitation is also often included.

MEDICAID:

Medicaid is a program designed to pay for care in the nursing home when the resident is unable to pay for the care. Payment includes room and board, prescriptions, and medical care.

To be eligible for Medicaid you must be in a Medicaid vendor bed, meet an 18 point medical criteria and have less then \$1000.00. Your house is not counted as an asset.

If you feel you may meet the requirements for Medicaid, you need to contact your county Division of Family Service Office.

They will then help you in filling out the necessary forms and certify you for Medicaid.

Once you are certified, your social security check and other monthly income must be turned over to the nursing home and Medicaid will make the difference in payment.

You will also receive \$30.00 a month as spending money. You can do whatever you wish with this money.

MEDICAID FOR MARRIED COUPLES:

If your spouse is in a nursing home you may be eligible for a Division of Assets through the Medicaid program. The Division of Family Services Office will divide your assets so that you do not have to spend all of your savings on nursing home care. If you have any questions, contact your Ombudsman office.

SIMPLIFIED DEFINITIONS

Below are simplified definitions. If you need more information regarding these definitions contact your local attorney or your local Legal Service Office.

GUARDIANSHIP/CONSERVATORSHIP:

This can only be granted through a court hearing. A guardian handles your personal matters such as where you reside, while a conservator deals with your financial concerns.

A facility cannot require you to have a guardian or conservator.

DURABLE POWER OF ATTORNEY:

This is a notarized document that allows another person to handle your affairs either temporarily or permanently with your permission. Durable meaning that the document is valid should you become incompetent or unable to make decisions on your own.

A Durable Power of Attorney can only be given with your approval and must be signed when you are competent. You can withdraw this document anytime you wish. A Power of Attorney that does not say Durable is only valid while you are competent.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE:

This is also a notarized document allowing another person to make choices on your behalf. However, these choices only pertain to your health care. This does not give anyone the right to make other decisions for you. A Durable Power of Attorney for Health Care is only valid when you are unable to make medical decisions for yourself.

REPRESENTATIVE PAYEE:

This person has been designated by Social Security to handle your Social Security checks in your best interest, such as paying the nursing home. He/She is not entitled to make any other decision or handle any other finances for you except with your permission.

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Items Covered Under the Medicare Per Diem Rate:

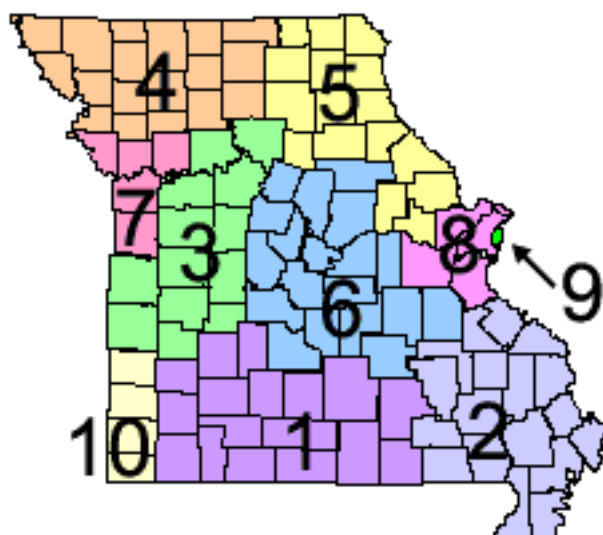
- Equipment
- Nursing Care & Patient Care Supplies
- Personal Care
- Therapeutic Agents And Supplies

Medicaid/Medicare:

- Medicaid
- Medicaid For Married Couples
- Medicare

Simplified Definitions:

- Durable Power Of Attorney
- Durable Power Of Attorney For Health Care
- Guardianship & Conservatorship
- Representative Payee



Division of Aging
State Office of Long-Term Care Ombudsman
 Carol Scott, Jim Ludy, Charisse Pappas
 P.O. Box 1337
 Jefferson City, MO 65102
 Phone: (573) 526-0727
 Toll Free: (800) 309-3282
 Fax: (573) 751-8687
 EMail: cscott@mail.state.mo.us

**1. Connie Payne**

Council of Churches of the Ozarks
 627 N. GlenstoneP
 P. O. Box 3947 G. S.
 Springfield, MO 65808
 (417) 862-3598
 FAX: (417) 862-2129

2. Willa Stanford, Imogene Unger

Southeast MO Area Agency on Aging
 1219 N. Kingshighway, Suite 100
 Cape Girardeau, MO 63701
 (573) 335-3331 or (800) 392-8771
 FAX: 573-335-3017

3. Kathy Ray-Smith, Karen Cairer

District III Area Agency on Aging
 106 W. Young Street
 P. O. Box 1078
 Warrensburg, MO 64093
 (660) 747-3107
 FAX: 660-747-3100

4. Melissa Bennett, Martha Rush

Northwest MO Area Agency on Aging
 106 South Smith P.O. Box 265
 Albany, MO 64402
 (660) 726-3800
 FAX: (660) 726-4113
 email: nwmoaaa@ponyexpress.net

5. J. Patrick Wheeler, Clare Wheeler, Kathy Cottrell

MTLS Ombudsman Program
 314 N. 11th Street
 P. O. Box 248
 Canton, MO 63435
 (573) 288-5643
 FAX: (573)-288-5272

6. Beth Simpson, Angela Dunham, Eric Thompson

Central MO Area Agency on Aging
 1121 Business Loop 70 East, Suite 2A
 Columbia, MO 65201
 (573) 443-5823
 FAX: (573) 875-8907
 email: bethsimpson@cmaaa.net

7. Michelle Brown, Susan Lundquist

Mid-America Regional Council
 300 Rivergate Center
 600 Broadway
 Kansas City, MO 64105-1536
 (816) 474-4240
 FAX: (816) 421-7758

8./9. Dorothy Erickson, Cheryl Wilson

LTC Ombudsman Program
 9011 Manchester Road, Suite 1
 Brentwood, MO 63144
 (314) 918-8222
 FAX: (314) 918-9188

10. Carolyn McLaren, Shirley Miller

Region X Area Agency on Aging
 1710 E. 32nd St., Suite F
 P. O. Box 3990
 Joplin, MO 64803
 (417) 781-7562
 FAX: (417) 781-1609

